

SERE MEDICAL CRITERIA FOR HIGH-RISK TRAINING

This questionnaire is designed to alert instructors and medical personnel of any condition that may endanger your health or others during high-risk training. This information will be held in confidence, and must be completed prior to participation in training. Students should bring their medical record or attain a copy when reporting for training.

NAME (LAST, FIRST, M.I.)			RATE/RANK		SSN (LAST 4 ONLY)	
DATE	AGE	WEIGHT	UNIT			
MAKE STATEMENT OF YOUR PRESENT HEALTH:						
STUDENT PLEASE ANSWER THE FOLLOWING QUESTIONS PRIOR TO REPORTING						
DO YOU NOW HAVE:		YES	NO	HAVE YOU EVER HAD:		YES NO
1. COLD or SORE THROAT				19. FRACTURES or SURGERY TO NECK or SPINE		
2. LUNG DISEASE (BRONCHITIS, PNEUMONIA, etc.)				20. HEART TROUBLE, HEART DISEASE or HIGH BLOOD PRESSURE		
3. TROUBLE WITH ANY JOINTS				21. ANY FACIAL or JAW INJURIES		
4. NECK or BACK TROUBLE				22. KNEE INJURIES or SURGERY		
5. ANY INFECTION INCLUDING HEPATITIS				23. ASTHMA		
6. SMALL POX VACCINATION WITHIN 30 DAYS				24. HEMO/PNEUMOTHORAX or CHEST TRAUMA		
7. ANY SUTURES IN PLACE				25. HEAD INJURIES or HEADACHES/MIGRAINES		
8. ALLERGIES				26. CLAUSTROPHOBIA		
9. MEDICATIONS				27. HEAT ILLNESS or COLD INJURY		
IN THE LAST YEAR, HAVE YOU HAD:		YES	NO	DENTAL WORK- DO YOU NOW HAVE:		YES NO
10. PNEUMONIA				28. CAPS/CROWNS		
11. MUSCLE STRAINS or SPRAINS				29. FALSE TEETH		
12. ANY SURGERIES				30. BRIDGES		
13. ANY DISLOCATIONS or FRACTURES				31. DENTURES or BRACES		
14. ARE YOU CURRENTLY OR EVER BEEN ON LIGHT DUTY, MEDICAL BOARD (LIMDU, PEB), OR A WAIVER FOR A MEDICAL CONDITION? IF YES EXPLAIN IN THE SPACE PROVIDED BELOW.						
FEMALES ONLY				MENTAL HEALTH		
IN THE LAST YEAR, HAVE YOU HAD:		YES	NO	IN THE LAST YEAR, HAVE YOU HAD:		YES NO
15. FIRST DAY OF LAST MENSTRUAL CYCLE?				32. HAVE YOU BEEN SEEN BY A MENTAL HEALTH PROFESSIONAL FOR ANY REASON IN THE PAST YEAR?		
16. ARE YOU ON BIRTH CONTROL?				33. ARE YOU CURRENTLY UNDER EMOTIONAL STRAIN? (e.g. DEATH IN THE FAMILY, DIVORCE etc.)		
17. IF YES, WHAT KIND?				34. HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL HEALTH DISORDER INCLUDING DEPRESSION, ANXIETY, OR PTSD?		
18. COULD YOU BE PREGNANT				35. HAVE YOU BEEN DEPLOYED WITHIN SIX MONTHS?		
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ELABORATE BELOW BY ITEM NUMBER						
NOTE: No contact lenses may be worn during the Field phase of training. Wear prescription glasses if required.			I HAVE ANSWERED THESE QUESTIONS TO THE BEST OF MY ABILITY.			
			SIGNATURE:		DATE:	

EXAM MUST BE COMPLETED BY PHYSICIAN/IDC PRIOR TO REPORTING

SERE is an emotionally and physically challenging class designed for personnel that are in a high-risk-of-capture specialty. Prospective students shall be screened by a physician or other credentialed provider due to the remoteness of training and distance to the nearest medical facility. Additionally, students should be within body fat standards and have passed their last physical fitness assessment during the previous PFA cycle.

Additional information may be obtained from SERE Medical:

(SERE NORTH ISLAND, CA) DSN 735-6320 COMMERCIAL 619-545-6320 (SERE KITTEERY, ME) DSN 684-4511 COMMERCIAL 207-438-4511

TO BE FILLED BY EXAMINING PHYSICIAN / IDC

Signing Doctor: This medical screening represents the only medical history for this student during SERE training in a remote training area. This document is an integral component for an IDC or doctor to make a "return to training" decision if there is an occurrence during the remote training phase of the course. Please annotate in detail any pre-existing orthopedic, dental, and any other significant medical occurrence regardless of date. Any additional comments beyond the requirements of this document that you feel would be of assistance is greatly appreciated.

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
1. HEAD/EYES/EARS			4. ABDOMEN		
2. NECK / THROAT			5. SKELETOMUSCULAR		
3. CHEST			6. RESULT OF LAST PRT / PFA	PASS	FAIL
			BODY FAT % <input type="text"/>	<input type="text"/>	<input type="text"/>

COMMENTS BY EXAMINING PHYSICIAN / IDC:

MEDICAL AND DENTAL RECORDS REVIEWED: YES NO	EVIDENCE FOUND TO DISCONTINUE TRAINING: YES NO
EXAMINING PHYSICIAN/IDC SIGNATURE:	DATE:
BELOW FOR SERE USE ONLY	
SERE MEDICAL STAFF	

COMMENTS:

SIGNATURE: _____ DATE: _____

SERE STUDENT

I AM IN THE SAME MEDICAL CONDITION NOW AS I WAS PRIOR TO SERE TRAINING: YES NO
IF ANSWER IS NO, PLEASE MAKE A COMMENT:

SIGNATURE: _____ DATE: _____

SERE MEDICAL OFFICER/IDC

COMMENTS:

SIGNATURE: _____ DATE: _____

PRIVACY ACT STATEMENT

1. Authority: 5 U.S.C. 301, Departmental Regulations and E.O. 9397.
2. Principal Purpose: To assist in determining physical suitability for participation in high-risk training.
3. Routine Uses: The Blanket Routine Uses that apply at the beginning of the Department of the Navy's compilation in the Federal Register apply.
4. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Providing the information is voluntary; however, failure to do so may preclude participation in high-risk training.